

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000003604

Entity Name: EGRET COVE AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.

**FILED
Aug 09, 2019
Secretary of State
7548587883CC**

Current Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT
752 NORTH US HIGHWAY 1
TEQUESTA, FL 33469

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400
STUART, FL 33494 US

FEI Number: 59-3234615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPPLE, RYAN ATTY
601 HERITAGE DR. STE 222A
JUPITER, FL 33458 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RYAN COPPLE

08/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name RUSSO, THOMAS
Address C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 33494

Title S
Name TANIS, GAIL
Address C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 33494

Title TREASURER
Name ROTH, FLORENCE
Address C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 33494

Title VP
Name SMITH, FRANK
Address C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 33494

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAIL TANIS

SECRETARY

08/09/2019

Electronic Signature of Signing Officer/Director Detail

Date